TO:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Lorna Garrido, Grants and Contracts Manager
DATE:	April 26, 2024
SUBJECT:	Accept and Expend Resolution for Subject Grant
GRANT TITLE:	CalVCB – Joint Powers Agreement
Attached please fin	d the following documents:
X Proposed grant resolution; original* signed by Department, Mayor, Controller	
X Grant information	on form, including disability checklist
X Grant budget	
X Grant application	
X Grant award fr	om funding agency
Ethics Form 12	6 (if applicable)
Contracts, Lea	ses/Agreements (if applicable)
Other (Explain): Cover letter for Department submission	
Special Timeline F Please schedule at	Requirements: the earliest available date.
Departmental repr	esentative to receive a copy of the adopted resolution:
Name: Lorna Garrio	do Phone: (628) 652-4035
Interoffice Mail Ad 400N	dress: DAT, 350 Rhode Island Street, North Building, Suite
Certified copy requi	red Yes ☐ No ⊠
(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).	